SAUZI71

Please type a plus sign (+) inside this box		U.S. Patent and Trader	OVED TO SENT OF PTO SENT OF PTO SENT OF OVER OF SENT OF PTO SENT OF SENT OF COMMER OF COMMER OF COMMER OF COMMER
Untreathe Paperwork Reduction Act of 1995, no perso	ns are required to res	Application Number	n unless it displays a valid OMB control number Technicology Cernic 09/681,263
TRANSMIT	TAL	Filing Date	03/09/2001
FORM (to be used for all correspondence after initial filing)		First Named Inventor	Michael J. Frerking
		Group Art Unit	2171
		Examiner Name	Unknown
Total Number of Pages in This Sub	mission .5	Attorney Docket Number	OOH1451
	ENCL	OSURES (check	all that apply)
Fee Transmittal Form Fee Attached  Amendment / Reply After Final Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing Licensia Licensia Petition Provisia X Power Change Address Termina Reques CD, Nu Remarks 1. Power 2. Power 3. Power	ng-related Papers  Into Convert to a conal Application of Attorney, Revocation e of Correspondence is (4 pages) al Disclaimer of the Refund comber of CD(s)	Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information  Status Letter  Other Enclosure(s) (please identify below): -return postcard  ney consists of: igned by Michael J. Free igned by David S. Hardiigned by Nick M. Mykrisinghed by Philip J. Wiles
SIGNAT	URE OF APPL	ICANT, ATTORNEY, OR	AGENT
Signature Minch	IF.	Reg. No. 39, 87	5
Date Hugus	+ 29	,209/	
	CERTIFIC	ATE OF MAILING	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

			DTO(CD(04 PR CCC)
	Approv	ed for use through 10/31/2	PTO/SB/81 (03-67) CEIV
under the Paperwork Reduction Act of 1995, no persons are required to	U.S. Patent and Tradem espond to a collection of informa	ark Office; U.S. DEPARTMI tion unless it display a valid	OMB control numbers 7 2
2	Application Number	09/681,263	· 20
1 7	Filing Date	03/09/2001	Technology Center
	First Named Inventor	Michael J. F	rerking
POWER OF ATTORNEY OR	Title	Builder Tool	and Interface
AUTHORIZATION OF AGENT	Group Art Unit	2171	
	Examiner Name	Unknown	
	Attorney Docket Number	er 00H1451	<i></i>
·			
I hereby appoint:		^	
	7007	Place Cus	omes A
Traditioners at obstorier redirect	4234	Numbe a	Coet
OR  Drestitioner(s) named below:		PATENT TH	ADENNIK OFFICE
Practitioner(s) named below:			
Name	<u></u>	Registration Number	
as my/our attorney(s) or agent(s) to prosecute th	e application identified :	above, and to transa	ect all
as my/our attorney(s) or agent(s) to prosecute th business in the United States Patent and Traden	e application identified a	above, and to transa	act all
business in the United States Patent and Traden	nark Office connected to	herewith.	act all
business in the United States Patent and Traden Please change the correspondence address for t	nark Office connected to	herewith.	act all
business in the United States Patent and Traden	nark Office connected to	herewith.  lication to:  Place Custome	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.	nark Office connected to	herewith.  lication to:  Place Custome. Number Bar Co	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR	nark Office connected to	herewith.  lication to:  Place Custome	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Firm or	nark Office connected to	herewith.  lication to:  Place Custome. Number Bar Co	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Individual Name	nark Office connected to	herewith.  lication to:  Place Custome. Number Bar Co	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Firm or	nark Office connected to	herewith.  lication to:  Place Custome. Number Bar Co	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Firm or Individual Name  Address  Address	nark Office connected the above-identified app	herewith.  lication to:  Place Custome. Number Bar Co Label here	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Prim or Individual Name  Address  Address  City	nark Office connected to	herewith.  lication to:  Place Custome. Number Bar Co	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Prim or Individual Name  Address Address City Country	nark Office connected the above-identified app	herewith.  lication to:  Place Custome. Number Bar Co Label here	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Prim or Individual Name  Address  Address  City	nark Office connected the above-identified app	herewith.  lication to:  Place Custome. Number Bar Co Label here	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Prim or Individual Name  Address Address City Country	nark Office connected the above-identified app	herewith.  lication to:  Place Custome. Number Bar Co Label here	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Firm or Individual Name  Address Address City Country Telephone	nark Office connected the above-identified app	herewith.  lication to:  Place Custome. Number Bar Co Label here	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  X Applicant/Inventor.	nark Office connected the above-identified app	herewith.  lication to:  Place Custome. Number Bar Co Label here	
business in the United States Patent and Traden  Please change the correspondence address for t  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  Assignee of record of the entire interest.	state  Fax  See 37 CFR 3.71.	herewith.    Ilication to:   Place Custome, Number Bar Collabel here   Zip   Zip	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Prim or Individual Name  Address  Address  City Country Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. S  Statement under 37 CFR 3.73(b) is enclo	See 37 CFR 3.71. sed. (Form PTO/SB/96)	herewith.    Place Custome   Number Bar Co   Label here   Zip	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Prim or Individual Name  Address  Address  City Country Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. S  Statement under 37 CFR 3.73(b) is enclo	state  Fax  See 37 CFR 3.71.	herewith.    Place Custome   Number Bar Co   Label here   Zip	
business in the United States Patent and Traden Please change the correspondence address for t  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Prim or Individual Name  Address  Address  City Country Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. S  Statement under 37 CFR 3.73(b) is enclo	See 37 CFR 3.71. sed. (Form PTO/SB/96)	herewith.    Place Custome   Number Bar Co   Label here   Zip	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

8/21/01

forms are submitted.

Date

X\*Total of Four (4)

E	Please type a plus sign (+) inside this box  +  tel the Paperwork Reduction Act of 1995, no persons are required to re	U.S. Patent and Trademark	PTO/SB/81 (02-01) I for use through 10/31/2002. OMB 0651-0035 k Office; U.S. DEPARTMENT OF COMMERCE on unless it display a valid OMB control number.
4 2001	L.I	Application Number	09/681,263
	<b>)</b>	Filing Date	03/09/2001
J.Ca.	<b>7</b>	First Named Inventor	Michael J. Frerking
RADE	POWER OF ATTORNEY OR	Title	Builder Tool and Inter
	<b>AUTHORIZATION OF AGENT</b>	Group Art Unit	2171
			Unknown
1		Examiner Name	Official
	I hereby appoint:	Attorney Docket Number	0041451
	I hereby appoint:  X Practitioners at Customer Number OR Practitioner(s) named below:	Attorney Docket Number	0041451

Please change the correspondence address for the above-identified application to:

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

The above-mentioned Customer Number.

**Practitioners at Customer Number** 

OR

OR

Address Address

I am the:

X Applicant/Inventor.

City
Country
Telephone

Name
Signature
Date

Firm or Individual Name

Technology Center 2100

Place Customer

Label here

State

Fax

Number Bar Code

SIGNATURE of Applicant or Assignee of Record

Please type a	olue eioo	/±1	incida thic l	hov	<b></b>	
Please type a	pius sign	(+)	inside this i	DOX		+ 1

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it display a valid OMB control number. the Paperwork Reduction Act of 1995, no persons are required to resp

POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT** 

SEP 0 4

both to a consection of the measure threes a display a value of the control trember.					
Application Number	09/681,263				
Filing Date	03/09/2001				
First Named Inventor	Michael J. Frerking				
Title	Builder Tool and Interfac				
Group Art Unit	2171				
Examiner Name	Unknown				
Attorney Docket Number	00H1451				

I hereby appoint:	- 1/88/8 HIR ART B 1/8 1/8 1/8 1/8 1/8 1/8 1/8 1/8 1/8 1/8
<ul><li>X Practitioners at Customer Number</li><li>OR</li><li>Practitioner(s) named below:</li></ul>	24234 Number Bar Code Lat <b>2 4 2 3 4</b>
Name	Registration Number
as my/our attorney(s) or agent(s) to prose	cute the application identified above, and to transact alRECEIVED
business in the United States Patent and	Frademark Office connected therewith.
Please change the correspondence addre  X The above-mentioned Customer Num  OR  Practitioners at Customer Number  OR	
Firm or Individual Name	
Address	
Address	
City	State Zip
Country	
Telephone	Fax
I am the:  X Applicant/Inventor.  Assignee of record of the entire int  Statement under 37 CFR 3.73(b) is	
SIGNATURE o	f Applicant or Assignee of Record
Name Nick M. Mylris Signature 872/0/	JA.
NOTE: Signatures of all the inventors or assignees of re	cord of the entire interest or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below.  *Total of Four (4) forms are submitted.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0035 7 2001

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCED 7 2001

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control humber.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	09/681,263 Technology Center 2100
Filing Date	03/09/2001
First Named Inventor	Michael J. Frerking
Title	Builder Tool and Interface
Group Art Unit	2171
Examiner Name	Unknown
Attorney Docket Number	00H1451

I hereby appoint:		- (demanded des reserves and second			
OR	Customer Number 24234				
Practitioner(s) named below:					
	Name	Registration Number office			
	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.				
	espondence address for the above-identi				
	ned Customer Number.				
OR		Place Customer			
Practitioners at Cu	stomer Number	Number Bar Code Label here			
OR					
Firm or Individual Name					
Address					
Address					
City		State Zip			
Country		7-7-1-7			
Telephone		Fax			
I am the:					
X Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Philip J. Wiley					
Signature	Is Wiles				
Date 8-21-01					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
T 7/5	ms are submitted.				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.